

CONGENITAL PROTRUSION OF HEART, STOMACH AND SPLEEN.

CASE OF CELOSOMA.

BY CARL HERMAN WINTSCH, M.D.,
OF NEWARK, N. J.

ACCORDING to Hirst and Piersol, celosoma is a lateral or median eventration with fissure, atrophy or even total absence of the sternum and protrusion of the heart.

The anomaly of disposition in such a case is undoubtedly due to the defective union of component embryonic parts; the direct cause undoubtedly being the adhesion of the amnion to the embryo. In the case reported below, the external cleft producing a sternal fissure and the absence of the entire sternum and part of upper ribs, was undoubtedly due to the abnormal volume of the heart causing a cardiac ectopia.

The imperfect union of the thorax was prolonged into the upper part of the abdomen, with the stomach and spleen protruding through the opening. Remarkable to note that at the point of entrance of the umbilical vessels, which is prone to incomplete closure, the closure was complete.

April 15, 1906, I was called to see Mrs. H., age 38, and delivered her of a living male child, normal in every respect excepting for a *complete protrusion of the heart, stomach and spleen.*

Family History.—Parents of the father are living and healthy. He is 35 years of age, healthy, and a tailor by trade. He is the third child of fourteen healthy children born unto his parents.

The mother's father died of apoplexy at the age of 58. Her mother is still living and healthy, and gave birth to seven healthy children.

This is the fourth child born unto Mrs. H., all healthy and living excepting one; ages of children $8\frac{1}{2}$, 7, $4\frac{1}{2}$ years. One year



FIG. 1.—Congenital protrusion of heart and stomach, anterior view.



FIG. 2.—Congenital protrusion of heart and stomach, lateral view.

and a-half ago the 7-year-old child, a male, was run over by a heavy truck, crushing in the entire chest, and died twenty minutes after the accident, in his mother's lap on the way to the hospital. The mother works hard every day helping her husband in the tailor shop, besides doing her own housework. During the pregnancy with this child the mother did not feel as well as she did when carrying her other children. She felt miserable and tired, and felt more life than with the rest of her children.

During her sixth month of gestation she stumbled over a board in the yard, and fell flat on her abdomen, but felt no ill effects from the fall. She says she had an enormous appetite and that the abdomen was much larger in circumference than with her other children.

Labor began at 2 p.m. on April 14; pains became severe about 7 p.m., and child was born at 2 a. m. April 15th. The child was born before I arrived; and the labor seemed perfectly normal, excepting a small hemorrhage just before the birth of the child. The child weighed 7 lbs. 1 oz. and measured 19 inches in length. Respirations were 30 in number; pulse 120-130; temperature 97.8°. It defecated and urinated normally. It became very cyanotic at times, which was aggravated when pressing upon the heart with the hand. The child lived two days and three hours and was fed per mouth with water and milk from breast of mother, which it retained. Just before death the child vomited a greenish fluid, and bled from its mouth.

The heart was moistened every 15 minutes by a saline solution 99° F. applied to gauze covering the heart. The heart was entirely on the outside of the body, covered by the pericardium. The systole and diastole were distinctly noticeable. The stomach and spleen were covered by the peritoneum.

The accompanying photographs (Figs. 1, 2) were taken instantaneously while the child was living, and the heart in full action.

As far as I am aware, from search through the literature, this is the only case on record of a full term living celosoma.